

**Month/ Year.....**

**District.....**

1	No. of YPK Clinics			
2	No of MOs Trained			
3	No of Trained Paramedical Staff			
		<b>Male</b>	<b>Female</b>	<b>Total</b>
4	Total No. of Clients Registered			
5	No of Clients Seen This Month			
6	<b>Counselling Services Given</b>			
	Nutrition			
	Skin			
	Pre-marital Counselling			
	Sexual Problems			
	Contraceptive			
	Abortion			
	RTI/STI			
	Substance abuse			
	Learning problems			
	Stress / Anxiety			
	Depression			
	Suicidal Tendency			
	Violence			
	Sexual Abuse			
	Other Mental Health Issues			

	Others			
<b>7</b>	<b>NO OF CLIENTS REFERRED</b>			
	RTI/STI Clinic			
	Skin OPD			
	Psychiatry OPD			
	OBG			
	Others			
<b>8</b>	<b>OUTREACH ACTIVITIES</b>			
	Direct in schools/colleges			
	Teen Clubs			
	Youth Festivals			
	Health Mela			
	Others			